Land Use Agreements:
Guide to Insurance Documentation Requirements

Contents

Overview of Land Use Agreement Insurance Documentation

The execution of any Land Use Agreement is contingent upon approval of the awardee's insurance documentation. Approval is determined by the insurance experts of the Department of General Services Office of Risk and Insurance Management (ORIM). This guide is provided to help programs and bidders understand and meet the insurance documentation requirements that drive ORIM's approval.

Land Use Agreement insurance documentation that ORIM reviews typically includes five elements:

1. Certificate of Liability Insurance (COI)
2. Primary and Noncontributory Endorsement
3. Additional Insured Endorsement for either Commercial General Liability or Farm Liability
4. Additional Insured Endorsement for Automobile Liability
5. Either a Waiver of Subrogation (for Workers' Compensation) in favor of the State, or a Workers' Compensation Insurance Waiver Letter

Our explanations of the five required elements are specific. Our document samples, however, are only generally informative, because we understand that some of the documents insurers provide to us might not have the exact appearance or structure as our samples; for example, there might be separate Commercial General and Automobile providers and COIs, or, different Additional Insured Endorsements might be combined onto one Additional Insureds document.

Programs, contact the Land Use Agreements analyst in BMB if you have any questions. Bidders, contact your CDFW program contact if you have questions.

Element 1: Certificate of Liability Insurance (sample on next page)

- Document is dated and Broker/Producer contact information is provided.
- The name of the "insured" must be EXACTLY as it appears on the Certification Form from their bid/proposal
- The Insurer(s) affording coverage must be rated at least A--/FSC Class VII by A.M. Best Company.
- The document is signed (usually on the bottom)

Commercial General Liability

- Policy number and effective and expiration dates are filled in. **Confirm the commencement date falls within these dates**.
- There is a check mark in additional insured
- Limit for "Each Occurrence" matches the permit/lease (min $1,000,000)
- Limit for Damage to Rented Premises (former: Fire Legal) matches permit/lease (min $300,000)
- Limit for General Aggregate matches the permit/lease (min $3,000,000)
  NOTE: Farm Liability may be used in place of Commercial General; however if the insurance carrier cannot meet the Aggregate (min of $3,000,000) an Excess/Umbrella liability in the amount is acceptable.

Automobile Liability

- Policy number and effective and expiration dates are filled in. **Confirm the commencement date falls within these dates.**
- There is a check mark in additional insured
- There is a check mark in "all owned autos", "hired autos" and "non-owned autos" OR a mark in "any autos"
- Limit for "Combined Single Limit for each accident" matches the permit/lease (min $1,000,000)

Workers Compensation and Employer's Liability

- Policy number and effective and expiration dates are filled in. **Confirm the commencement date falls within these dates.**
- Limit for "Each Accident" matches the permit/lease (min $1,000,000)
  NOTE: If a Permittee/Lessee does not have any employees, they can waive Workers Comp Insurance by providing of signed Workers Compensation Waiver letter. See Element 4 for a sample Waiver Letter.

Description of Operations Area

- Permit or Lease number is identified in this area.
- Naming CDFW as additional insured in this area will not replace the required Additional Insured Endorsement Documents.

Certificate Holder Area

- This area must indicate a Fish and Wildlife as the holder and the address must be a CDFW location. Regional offices are OK.

Naming CDFW as additional insured in this area will not replace the required Additional Insured Endorsement Documents.

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Insurers must be rated at least A-/FSC Class VII	
INSURED	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	$	1,000,00
	[X] COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$	300,000
	[ ] CLAIMS MADE [X] OCCUR						MED EXP (Any one person)	$	
				POLICY NUMBER(S)	DATE	DATE	PERSONAL & ADV INJURY	$	
							GENERAL AGGREGATE	$	3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$	
	[ ] POLICY [ ] PRO-JECT [ ] LOC							$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$	1,000,000
	[ ] ANY AUTO						BODILY INJURY (Per person)	$	
	[X] ALL OWNED AUTOS [ ] SCHEDULED AUTOS			POLICY NUMBER(S)	DATE	DATE	BODILY INJURY (Per accident)	$	
	[X] HIRED AUTOS [X] NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$	
								$	
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$	
	[ ] EXCESS LIAB [ ] CLAIMS MADE						AGGREGATE	$	
	[ ] DED [ ] RETENTION $							$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						[ ] PER STATUTE [ ] OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]	N / A		POLICY NUMBER	DATE	DATE	E.L. EACH ACCIDENT	$	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$	
							E.L. DISEASE - POLICY LIMIT	$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

MUST INCLUDE THE PERMIT/LEASE NUMBER, AND DESCRIBE THE AGREEMENT TYPE (VEGETATION DISPOSAL, OR AGRICULTURAL LEASE) AND LOCATION OF PREMISES.

ADDITIONAL INSUREDS MUST BE SHOWN ON A SEPARATE DOCUMENT.

CERTIFICATE HOLDER	CANCELLATION
The State of California Department of Fish and Wildlife 1416 9th Street, Sta 1266 Sacramento, CA 95814-5515	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

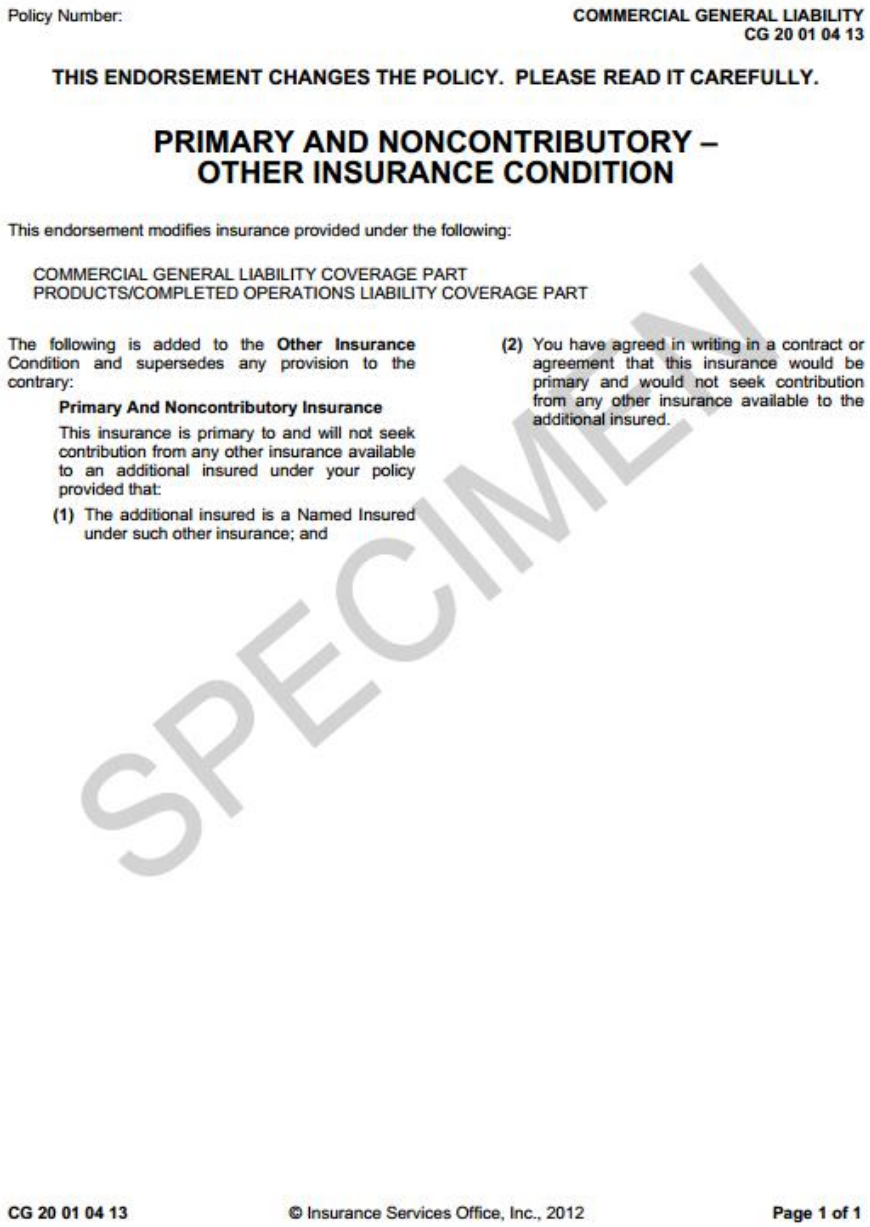
ACORD 25 (2010/05)

Element 2: Primary and Noncontributory Endorsement

This element responds to Section 21(h) of the Agreement, which states:

> **(h) Primary Clause: Any required insurance contained in this Permit shall be primary, and not excess or contributory, to any other insurance carried by the State.**

The wording above and the sample Endorsement below, were provided by our Department of General Services Office of Risk and Insurance Management (ORIM).



Policy Number:

COMMERCIAL GENERAL LIABILITY
CG 20 01 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

PRIMARY AND NONCONTRIBUTORY – OTHER INSURANCE CONDITION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

The following is added to the **Other Insurance** Condition and supersedes any provision to the contrary:

Primary And Noncontributory Insurance

This insurance is primary to and will not seek contribution from any other insurance available to an additional insured under your policy provided that:

(1) The additional insured is a Named Insured under such other insurance; and

(2) You have agreed in writing in a contract or agreement that this insurance would be primary and would not seek contribution from any other insurance available to the additional insured.

SPECIMEN

CG 20 01 04 13 © Insurance Services Office, Inc., 2012 **Page 1 of 1**

Elements 3 and 4: Additional Insured Endorsements

For ORIM approval, the Additional Insured on the COI will not replace the required Additional Insured Endorsement Documents.

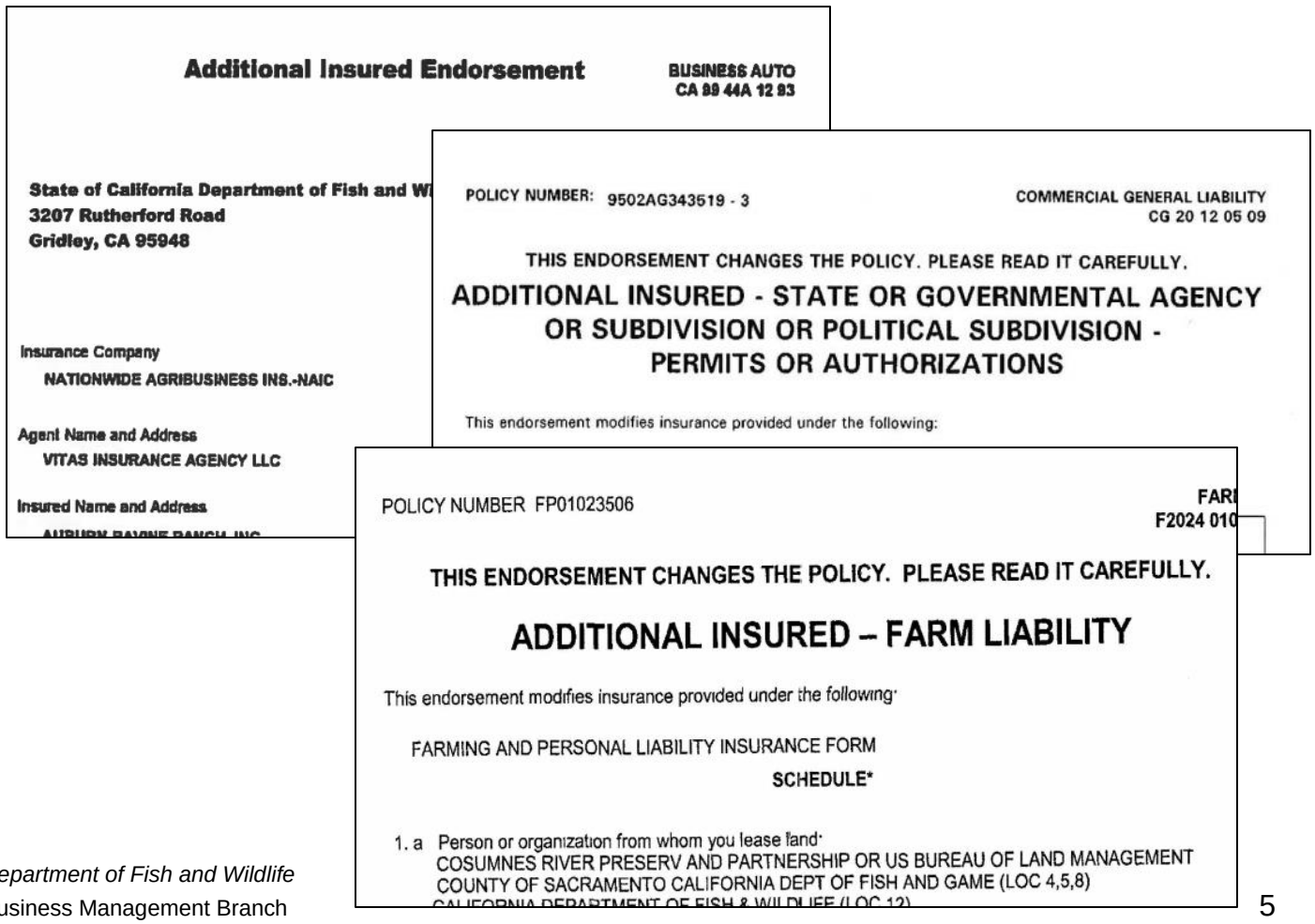
for Commercial General Liability

- Insurer is identified and matches the insurer name on the certificate
- Policy number matches the number of the certificate
- Shows the "State of California, its officers, agents, and employees" as additional insureds insofar as the operations under this Permit or Lease are concerned
- Document must be signed.

NOTE: If Farm Liability is used in place of Commercial General an additional insured endorsement for Farm Liability must be provided. The information above applies to Farm Liability as well.

for Automobile Liability

- Insurer is identified and matches the insurer name on the certificate
- Policy number matches the number of the certificate
- Shows the "State of California, its officers, agents, and employees" as additional insureds insofar as the operations under this Permit or Lease are concerned
- Document must be signed.



Additional Insured Endorsement BUSINESS AUTO CA 99 44A 12 93

State of California Department of Fish and Wi
3207 Rutherford Road
Gridley, CA 95948

Insurance Company
NATIONWIDE AGRIBUSINESS INS.-NAIC

Agent Name and Address
VITAS INSURANCE AGENCY LLC

Insured Name and Address

POLICY NUMBER: 9502AG343519 - 3 COMMERCIAL GENERAL LIABILITY CG 20 12 05 09

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - STATE OR GOVERNMENTAL AGENCY OR SUBDIVISION OR POLITICAL SUBDIVISION - PERMITS OR AUTHORIZATIONS

This endorsement modifies insurance provided under the following:

POLICY NUMBER FP01023506 FARI F2024 010

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – FARM LIABILITY

This endorsement modifies insurance provided under the following:

FARMING AND PERSONAL LIABILITY INSURANCE FORM

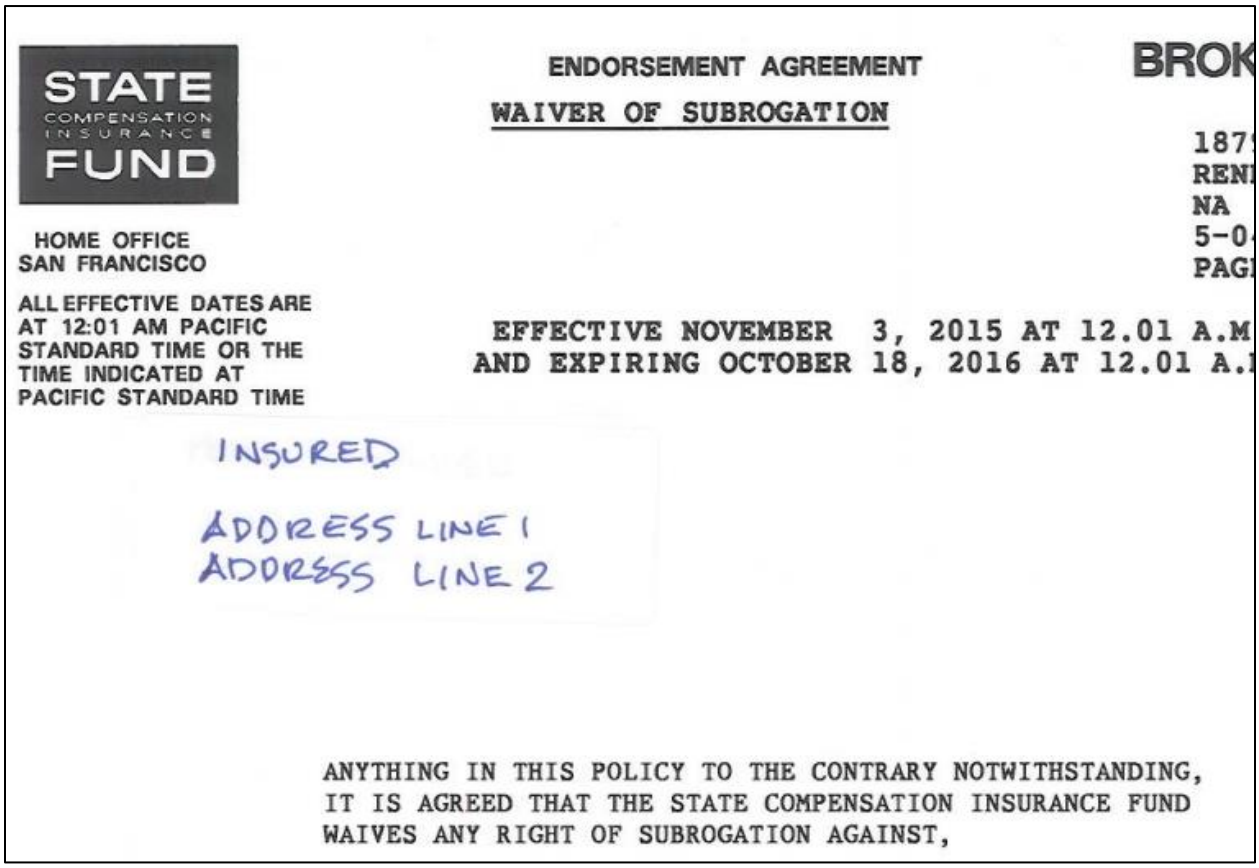
SCHEDULE*

1. a Person or organization from whom you lease land:
COSUMNES RIVER PRESERV AND PARTNERSHIP OR US BUREAU OF LAND MANAGEMENT
COUNTY OF SACRAMENTO CALIFORNIA DEPT OF FISH AND GAME (LOC 4,5,8)

Element 5: Waiver of Subrogation

Waiver of Subrogation in favor of the State for Workers' Compensation

- Insurer is identified and matches the insurer name on the certificate
- Policy number matches the number of the certificate
- Document must be signed.



STATE COMPENSATION INSURANCE FUND

ENDORSEMENT AGREEMENT

WAIVER OF SUBROGATION

HOME OFFICE
SAN FRANCISCO

ALL EFFECTIVE DATES ARE AT 12:01 AM PACIFIC STANDARD TIME OR THE TIME INDICATED AT PACIFIC STANDARD TIME

EFFECTIVE NOVEMBER 3, 2015 AT 12.01 A.M
AND EXPIRING OCTOBER 18, 2016 AT 12.01 A.

INSURED

ADDRESS LINE 1
ADDRESS LINE 2

ANYTHING IN THIS POLICY TO THE CONTRARY NOTWITHSTANDING, IT IS AGREED THAT THE STATE COMPENSATION INSURANCE FUND WAIVES ANY RIGHT OF SUBROGATION AGAINST,

or

Workers' Compensation Insurance Waiver Letter

(See next page for examples)

Element 5: Workers' Compensation Insurance Waiver Letter: Business Entity Awardee

- **Submit a workers' compensation insurance waiver letter with your other insurance documentation, if you don't have employees engaged in the performance of activities under this Permit.**
- **Create the letter on your letterhead stock.**
- **If you are an individual awardee, and not using a business name other than your name, use the "Individual Awardee" example shown on the next page.**

Letterhead

Authorized Signer's Name
Business name as it appears on the Award
Street address
City, State, Zip Code

January 20, 2017

Department of Fish and Wildlife

Re: Workers Compensation

To Whom it May Concern:

Please note that *Business name as it appears on the Award* will have no employees engaged in the performance of activities under this Permit *Permit number*. Because of this, B*usiness name as it appears on the Award* is not required to have workers' compensation insurance, and has elected to not have that insurance.

Should *Business name as it appears on the Award* choose to engage employees in the performance of activities under this Permit in the future, *Business name as it appears on the Award* will, in compliance with California Labor Code, obtain appropriate workers' compensation insurance prior to any such engagement.

Sincerely,

Authorized Signer's Signature

Business Title

Element 5: Workers' Compensation Insurance Waiver Letter: Individual Awardee, No Other Business Name

- **Submit a workers' compensation insurance waiver letter with your other insurance documentation, if you don't have employees engaged in the performance of activities under this Permit.**
- **Create the letter on your letterhead stock.**
- **If you are a business entity use the "Business Entity Awardee" example on the prior page.**

Letterhead

Awardee's name as it appears on the Award
Street address
City, State, Zip Code

January 20, 2017

Department of Fish and Wildlife

Re: Workers Compensation

To Whom it May Concern:

Please note that I, *Awardee's name as it appears on the Award*, will have no employees engaged in the performance of activities under this Permit *Permit number*. Because of this, I am not required to have workers' compensation insurance, and have elected to not have that insurance.

Should I choose to engage employees in the performance of activities under this Permit in the future, I will, in compliance with California Labor Code, obtain appropriate workers' compensation insurance prior to any such engagement.

Sincerely,

Signature of Awardee